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**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**  
(Includes Reference to PCT International Applications)

Attorney's Docket Number:  
**6176.200-US**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Human Coagulation Factor VII Variants

The specification of which (check only one item below):

☐ is attached hereto

☒ was filed as United States application

Application No. To Be Assigned

on May 3, 2001

and was amended

on \_\_\_\_\_

☐ was filed as PCT international application

Number \_\_\_\_\_

on \_\_\_\_\_

and was amended under PCT Article 19

on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim priority benefits under Title 35, United States Code, §119 of any provisional or foreign application(s) for patent or inventor's certificate or of any PCT international applications(s) for patent or inventor's certificate or of any PCT international applications(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR U.S. PROVISIONAL/FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY (if PCT, indicated "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119	
Denmark	PA 2000 00734	3 May 2000	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Denmark	PA 2000 01360	13 September 2000	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
U.S.A.	60/204,712	16 May 2000	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
U.S.A.	60/236,892	29 September 2000	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

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I hereby claim the benefit under Title 35, United States Code '120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this applications is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, '112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, '1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:					
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:					
U.S. APPLICATIONS			STATUS (Check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE		Patented	Pending	Abandoned
PCT APPLICATIONS DESIGNATING THE U.S.					
APPLICATION NO.	FILING DATE	US SERIAL NUMBERS ASSIGNED (if any)			
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Steve T. Zelson      Valeta A. Gregg      Reza Green <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Reg. No. 30,335</span> <span>Reg. No. 35,127</span> <span>Reg. No. 38,475</span> </div>					
Send Correspondence to: Steve T. Zelson, Esq. Novo Nordisk of North America, Inc. 405 Lexington Avenue, Suite 6400 New York, New York 10174-6400				Direct Telephone Calls To: Steve T. Zelson (212) 867-0123	
1	Full Name of Inventor	Family Name <b>Persson</b>	First Given Name <b>Egon</b>	Second Given Name	
	Residence & Citizenship	City <b>Malmo</b>	State or Foreign Country <b>Sweden</b>	Country of Citizenship <b>Swedish</b>	
	Post Office Address	Post Office Address <b>Regementsgatan 72</b>	City <b>SE-217 51 Malmo</b>	State & Zip Code/Country <b>Sweden</b>	
2	Full Name of Inventor	Family Name <b>Olsen</b>	First Given Name <b>Ole</b>	Second Given Name <b>Hvilsted</b>	
	Residence & Citizenship	City <b>Bronshoj</b>	State or Foreign Country <b>Denmark</b>	Country of Citizenship <b>Denmark</b>	
	Post Office Address	Post Office Address <b>Baekkeskovvej 38</b>	City <b>DK-2700 Bronshoj</b>	State & Zip Code/Country <b>Denmark</b>	
3	Full Name of Inventor	Family Name	First Given Name	Second Given Name	
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
	Post Office Address	Post Office Address	City	State & Zip Code/Country	
4	Full Name of Inventor	Family Name	First Given Name	Second Given Name	
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
	Post Office Address	Post Office Address	City	State & Zip Code/Country	

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5	Full Name of Inventor	Family Name	First Given Name	Second Given Name	
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
	Post Office Address	Post Office Address	City	State & Zip Code/Country	
6	Full Name of Inventor	Family Name	First Given Name	Second Given Name	
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
	Post Office Address	Post Office Address	City	State & Zip Code/Country	
7	Full Name of Inventor	Family Name	First Given Name	Second Given Name	
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
	Post Office Address	Post Office Address	City	State & Zip Code/Country	
8	Full Name of Inventor	Family Name	First Given Name	Second Given Name	
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
	Post Office Address	Post Office Address	City	State & Zip Code/Country	
9	Full Name of Inventor	Family Name	First Given Name	Second Given Name	
	Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
	Post Office Address	Post Office Address	City	State & Zip Code/Country	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
Signature of Inventor 1		Signature of Inventor 2		Signature of Inventor 3	
Date		Date		Date	
Signature of Inventor 4		Signature of Inventor 5		Signature of Inventor 6	
Date		Date		Date	
Signature of Inventor 7		Signature of Inventor 8		Signature of Inventor 9	
Date		Date		Date	